MULTIPLE DEPENDENT CLAIM
FEE CALC⁪TION SHEET
(FOR USE WI... FORM PTO-875)

SERIAL NO. 10/522216
FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT			AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51						
2				/			52						
3				/			53						
4				/			54						
5				/			55						
6			/				56						
7			/				57						
8				/			58						
9			✕				59						
10			/				60						
11				/			61						
12				/			62						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		⬇	4	⬇		⬇	TOTAL IND.		⬇		⬇		⬇
TOTAL DEP.		⬅	7	⬅		⬅	TOTAL DEP.		⬅		⬅		⬅
TOTAL CLAIMS			11				TOTAL CLAIMS						

PTO - 1360 (REV. 11/04)